


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 303113 1. Entity Name SILVER SHORES YACHT BASIN, INC.	
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Principal Place of Business 18 N.W. THIRD AVENUE OCALA, FL 34475 US	Mailing Address 18 N.W. THIRD AVENUE OCALA, FL 34475 US
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1142283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BULLARD, J. WARREN ESQ.
18 N.W. THIRD AVENUE
OCALA, FL 34475**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000753439
05/22/07-80021-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOTHBY, WILLIAM G 1205 NW 27TH AVE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BULLARD, J. WARREN 18 NW THIRD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANDLEY, JOSEPH W 18 NW THIRD AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, MICHAEL A 2955 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2007

Date

352-732-5900

Daytime Phone #